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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/623,234	07/18/2003	Jeffrey S. Kinne	EMC2-144PUS (EMC-03-045)	2729
	7590 06/27/200 SHARKANSKY		EXAMINER	
PO BOX 557			CYGIEL, GARY W	
MASHPEE, M.	A 02649		ART UNIT PAPER NUMBER	
			2188	
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

luta milavy Company	10/623,234 KINNE, JEFFREY S.		Y S.
Interview Summary	Examiner	Art Unit	
	GARY W. CYGIEL	2188	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Gary W. Cygiel (USPTO)</u> .	(3)		
(2) <u>Richard Sharkansky (Reg. No. 25,800)</u> .	(4)		
Date of Interview: 23 June 2008.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant	2) <mark> </mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed: Gaytan et al. (US Pate	<u>nt No. 5,638,367)</u> .		
Agreement with respect to the claims f) was reached. ℚ	g)⊠ was not reached. h)□ N	J/A.	
prior art Figure 6A Items 610,615. No agreement was read formal submission.  (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERVIEW OF THE SUBSTANCE OF	Iments which the examiner ag copy of the amendments that w d.) ACTION MUST INCLUDE THE a last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	reed would render the sould render the SUBSTANCE Control been filed, APP COAYS FROM TOWHICHEVER IS	er the claims claims OF THE LICANT IS
	/Gary W. Cygiel/ /shs/		
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's signature, if requi	red	

Application No.

Applicant(s)